MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07592

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Galena
LENGTH OF STAY (in this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Castleville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JENNIE (Middle) M (Last) CHRISTOPHER

4. DATE OF DEATH (Month) July (Day) 14 (Year) 1952

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March 7 1882 | 9. AGE last birthday 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) New York | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Du Vall | 14. MOTHER'S MAIDEN NAME Phebe M. Banker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT AND ADDRESS Mrs. Christopher, Castleville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE — Interval between onset and death: 7-3 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) WITH TERMINAL ACUTE
(c) PASSIVE CONGESTION

4221

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1, 1950, to July 14, 1952, that I last saw the deceased alive on July 14, 1952 and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Walter H. Lee M.D. 206 S. Broad Middletown Del 7/15/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 17 1952 | NAME OF CEMETERY OR CREMATORY George Washington Memorial Park | LOCATION (City, town, or county) Paramus (State) New Jersey

DATE REC'D BY LOCAL REG. July 15-1952 | REGISTRAR'S SIGNATURE Elizabeth J. Mulford | 24. FUNERAL DIRECTOR Edward Fellower | ADDRESS Millington Md.

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JUL 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07593

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2.02

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton — Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ANGIE (Middle) REBECCA (Last) DUCKERY

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Oct. 6, 1900

9. AGE last birthday: 51 yrs.

If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Raymond Duckery

14. MOTHER'S MAIDEN NAME: Georgeanna Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Hannah Boyce, Worton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	Don't know
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	Don't know
	(c)	

4427

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-23, 1952, to 7-24, 1952, that I last saw the deceased alive on 7-24, 1952, and that death occurred at 9:25 a.m., from the causes and on the date stated above. E.D.S.T.

SIGNATURE: Robert N. Farr (Degree or title) M.D. ADDRESS: Chestertown, Md DATE SIGNED: 7-24-52

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial | DATE THEREOF: July 27 1952 | NAME OF CEMETERY OR CREMATORY: Fountain Cemetery | LOCATION (City, town, or county) (State): Worton (Rural) Md.

DATE REC'D BY LOCAL REG.: July 25-1952 | REGISTRAR'S SIGNATURE: Clara L. Barnes

24. FUNERAL DIRECTOR: B. R. Fellows | ADDRESS: Still Pond, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 28 1952
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07594

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 1 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galena
STREET ADDRESS (If rural, give location) Starkey Farms Co.

3. NAME OF DECEASED (Type or Print) (First) FERMIN (Middle) (Last) HERRARA
4. DATE OF DEATH (Month) JULY (Day) 8 (Year) 1952

5. SEX Male
6. COLOR OR RACE Puerto Rico
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct. 22, 1928
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Arecibo Puerto Rico
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Toribio Herrera
14. MOTHER'S MAIDEN NAME Dolores Gonzalez

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Starkey Farms Co. - Galena, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Septic meningitis (Probably Meningococcus)
Possible Waterhouse-Friedrichsen Syndrome
Antecedent cause(s) (b) (Hemorrhage into adrenal glands)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(c)

INTERVAL BETWEEN ONSET AND DEATH: About 24 hours; less than 24 hours

057.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8, 1952, to 7-8, 1952, that I last saw the deceased alive on 7-8, 1952, and that death occurred at 4:55 p.m., from the causes and on the date stated above.

SIGNATURE Robert N Farr (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 7-9-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 11, 1952
NAME OF CEMETERY OR CREMATORY Galena Cemetery
LOCATION (City, town, or county) Galena Kent Co. (State) Maryland

DATE REC'D BY LOCAL REG. July 11-1952
REGISTRAR'S SIGNATURE Clara L. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown, Maryland ADDRESS

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07595

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): most of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: High St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
STREET ADDRESS (If rural, give location): High St.

3. NAME OF DECEASED (Type or Print): (First) KATE (Middle) TYLER (Last) MASLIN
4. DATE OF DEATH: (Month) July 6, (Day) 1952 (Year) 19

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: MAY 13, 1880
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: FRANK TYLER
14. MOTHER'S MAIDEN NAME: CATHERINE (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS (Son): OLIVER MASLIN, CHESTERTOWN, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY OCCLUSION — NONE

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC HEART DISEASE — UNKNOWN

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from None, 19__, to —, 19__, that I last saw the deceased alive on Not seen 19__, and that death occurred at 2:05 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: M. D. Chestertown — DATE SIGNED: 7/6/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July 9, 1952
NAME OF CEMETERY OR CREMATORY: Chester Cemetery
LOCATION (City, town, or county) (State): Chestertown, Maryland

DATE REC'D BY LOCAL REG.: July 7-1952
REGISTRAR'S SIGNATURE: Clara S. Barnes.
24. FUNERAL DIRECTOR — ADDRESS: J. Willis Wells - Chestertown, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07596

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) S. (Last) PENNINGTON

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 17, 1859

9. AGE last birthday: 92 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James B. Stevens

14. MOTHER'S MAIDEN NAME: Rebecca E. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: James Pennington - Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: D.K.

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis. — D.K.

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 1, 1952 to July 23, 1952, that I last saw the deceased alive on July 22, 1952, and that death occurred at 4:15 A.m., from the causes and on the date stated above.

SIGNATURE: H. H. Hamilton (Degree or title) M.D. ADDRESS Millington Md. DATE SIGNED July 23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 26-52 — NAME OF CEMETERY OR CREMATORY: Sudlersville Cemetery — LOCATION (City, town, or county): Sudlersville (State): Md.

DATE REC'D BY LOCAL REG.: July 23, 1952 — REGISTRAR'S SIGNATURE: Edward Fellows. — 24. FUNERAL DIRECTOR: Edward Fellows. — ADDRESS: Millington, Md.

VS-A15

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JUL 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 5 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) R.R. #2

3. NAME OF DECEASED (Type or Print): (First) Nelson (Middle) Garfield (Last) Ryan

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 24 1892

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairyman

10b. KIND OF BUSINESS OR INDUSTRY: Dairy farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Richard Ryan

14. MOTHER'S MAIDEN NAME: Margaret Briegel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Sister - Mrs. Edgar Hague - Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive heart failure, arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Inactive pulmonary tuberculosis & pulmonary fibrosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1952, to July 23, 1952, that I last saw the deceased alive on July 23, 1952, and that death occurred at 6 35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard F. Smith MD ADDRESS Rock Hall, Maryland DATE SIGNED July 24, 52

23. BURIAL / CREMATION / REMOVAL (Specify) Burial — DATE THEREOF July 25-52 — NAME OF CEMETERY OR CREMATORY Wesley Chapel — LOCATION (City, town, or county) Rock Hall (State) Md.

DATE REC'D BY LOCAL REG. July 25-1952 — REGISTRAR'S SIGNATURE Clara S. Barnes

24. FUNERAL DIRECTOR Edgar L. Lane — ADDRESS Church Hill Md.

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JUL 28 1952
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 445

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH COUNTY: Kent — MARYLAND: Md	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Penna. — COUNTY: BERKS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reading — LENGTH OF STAY (in this place): 4 DAYS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reading Pa
HOSPITAL OR INSTITUTION OR STREET ADDRESS: BETTERTON, MD.	STREET ADDRESS (If rural, give location): 154. S. 12TH ST.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Snyder			4. DATE OF DEATH (Month) July (Day) 3 (Year) 1952		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: JAN. 31, 1886	9. AGE last birthday: 66 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]	10b. KIND OF BUSINESS OR INDUSTRY: Steel Plant	11. BIRTHPLACE (State or foreign country): PENNA.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: JOHN A. SNYDER		14. MOTHER'S MAIDEN NAME: MARGARET WIDENER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)	16. SOCIAL SECURITY No.: 168-14-8135	17. INFORMANT AND ADDRESS: LAURA SNYDER 154 S. 12TH READING PA.			

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Congestive Heart Failure	
4 [illegible] Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Dont know	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): neither	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to July 3, 1952, that I last saw the deceased alive on July 2, 1952, and that death occurred at Belleson Md m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James Edwin Dedman MD 7-3-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): BURIAL	DATE: JULY 7, 1952	NAME OF CEMETERY OR CREMATORY: CHARLES EVANS	LOCATION (City, town, or county) (State): READING PA.
DATE REC'D BY LOCAL REG.: 7-3-52	REGISTRAR'S SIGNATURE: [illegible]	24. FUNERAL DIRECTOR: B. R. Fellows	ADDRESS: Still Pond, Md.

RECEIVED
JUL 7, 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07599

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Kent MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown | LENGTH OF STAY (in this place) transient

HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Baltimore~~ COUNTY City

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 24

STREET ADDRESS (If rural, give location) 711 S Clinton St.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) THOMAS (Last) THOMPSON

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1952

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH July 21, 1886 | 9. AGE last birthday 66 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist | 10b. KIND OF BUSINESS OR INDUSTRY Copper works | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James T. Thompson | 14. MOTHER'S MAIDEN NAME Sarah A. Urie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 212-10-2127 | 17. INFORMANT AND ADDRESS Mr. James Thompson, Rock Hall, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: Short time length unknown about a year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-27, 1952, to 7-27, 1952, that I last saw the deceased alive on 7-27, 1952, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. Kent Farr, M.D. | ADDRESS Chestertown, Md. | DATE SIGNED 7-27-52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 7-31-52 | NAME OF CEMETERY OR CREMATORY OAK LAWN CEM. | LOCATION (City, town, or county) (State) 7225 EASTERN AVE.

DATE REC'D BY LOCAL REG. 7/30/52 | REGISTRAR'S SIGNATURE A W Hedrick | 24. FUNERAL DIRECTOR Charles S. Zeller | ADDRESS 901 S. CONKLINGS BALTO., 24, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Item 9 FilmG145 8/13/52 whw

07600

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown Md Rural
LENGTH OF STAY (in this place): 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Chestertown Md — COUNTY: Kent Rural
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Chestertown Md
STREET ADDRESS (If rural, give location): Pond town

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): George Washington Tiller
4. DATE OF DEATH (Month) (Day) (Year): July 31 1952

5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: unknown
9. AGE last birthday: 68 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm work Labor
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Queen Anns Co
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Wesley Tiller
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: no
17. INFORMANT AND ADDRESS: Annie Tiller Rural Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 8 weeks

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterial hypertension — Don't know

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1952, to July 31, 1952, that I last saw the deceased alive on July 31, 1952, and that death occurred at 6:00 m., from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title): M.D. — ADDRESS: Chestertown Md — DATE SIGNED: 8/2/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 3 1952 — NAME OF CEMETERY OR CREMATORY: Mt Pleasant — LOCATION (City, town, or county) (State): Rural Chestertown Md

DATE REC'D BY LOCAL REG.: Aug. 2-1952 — REGISTRAR'S SIGNATURE: Clara S. Barnes. — 24. FUNERAL DIRECTOR: B R Gellows — ADDRESS: Still Pond Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 4 1952
BUREAU V. S.